

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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42	X	5				
43		6				
44		6				
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50						
TOTAL IND.	6		5			
TOTAL DEP.	24		54			
TOTAL CLAIMS	30		59			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						